

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 1  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>American College of Radiology Association PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00343459	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Campaign Grid</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 04 / 2014</b>	
Mailing Address <b>414 Commerce Drive, Suite 100</b>		Amount <b>65000.00</b>	
City <b>Fort Washington</b>	State <b>PA</b>	Zip Code <b>19034</b>	Transaction ID : <b>D153604</b>
Purpose of Expenditure <b>Internet Ad</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 03 / 2014</b>	
Name of Federal Candidate <b>Sen. Mitch McConnell</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KY</b>	
Calendar Year-To-Date Per Election for Office Sought <b>79425.96</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Majority Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 04 / 2014</b>	
Mailing Address <b>135 Professional Drive, Suite 104</b>		Amount <b>14425.96</b>	
City <b>Ponte Vedra Beach</b>	State <b>FL</b>	Zip Code <b>32082</b>	Transaction ID : <b>D153606</b>
Purpose of Expenditure <b>Printed advertising for mailing</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 03 / 2014</b>	
Name of Federal Candidate <b>Sen. Mitch McConnell</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KY</b>	
Calendar Year-To-Date Per Election for Office Sought <b>79425.96</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>79425.96</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>79425.96</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Richard Taxin MD

[Electronically Filed]

Date

MM / DD / YYYY  
**02 / 03 / 2014**

Signature